



Complete Summary

TITLE

Post-operative period: percentage of patients receiving anaesthesia care having an unplanned admission to an intensive care or high dependency unit within 24 hours of a procedure with an anesthetist in attendance, during the time period under study.

SOURCE(S)

Australian Council on Healthcare Standards (ACHS). ACHS clinical indicator users' manual 2009. ULTIMO NSW: Australian Council on Healthcare Standards (ACHS); 2009 Jan. 853 p.

Measure Domain

PRIMARY MEASURE DOMAIN

Outcome

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of patients receiving anaesthesia care having an unplanned admission to an intensive care or high dependency unit (HDU) within 24 hours of a procedure with an anesthetist in attendance, during the time period under study.

RATIONALE

Unplanned admission to an intensive care or high dependency unit (HDU) may be due to an avoidable incident in anaesthesia.

PRIMARY CLINICAL COMPONENT

Anaesthesia care; unplanned admission to an intensive care or high dependency unit (HDU)

DENOMINATOR DESCRIPTION

Total number of patients receiving anaesthesia care, during the time period under study

NUMERATOR DESCRIPTION

Total number of patients having an unplanned admission to an intensive care or high dependency unit (HDU) within 24 hours of a procedure with an anaesthetist in attendance, during the time period under study (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Use of this measure to improve performance
Variation in quality for the performance measured

EVIDENCE SUPPORTING NEED FOR THE MEASURE

Australian Council on Healthcare Standards (ACHS). Australasian clinical indicator report 2001-2007. Determining the potential to improve quality of care: 9th edition. ULTIMO NSW: Australian Council on Healthcare Standards (ACHS); 2008. 611 p.

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Ambulatory Care
Hospitals

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses
Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Individual Clinicians

TARGET POPULATION AGE

Unspecified

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Patients receiving anaesthesia care, during the time period under study

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Total number of patients receiving anaesthesia care, during the time period under study

Exclusions

Unspecified

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Encounter
Therapeutic Intervention

DENOMINATOR TIME WINDOW

Time window is a single point in time

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Total number of patients having an unplanned admission* to an intensive care** or high dependency unit (HDU)*** within 24 hours of a procedure with an anaesthetist in attendance, during the time period under study

***Unplanned** refers to the necessity for an unexpected admission to the intensive care or high dependency unit for treatment of a complication related to a previous procedure with an anaesthetist in attendance.

**Refer to the original measure documentation for "Minimum Standards for Intensive Care Units" [Australian and New Zealand College of Anaesthetists, FIC IC-1 (2003)].

***An HDU is a specially staffed and equipped section of an intensive care complex which provides a level of care intermediate between intensive care and general ward care. Refer to the original measure documentation for "Recommendations on Standards for High Dependency Units Seeking Accreditation for Training in Intensive Care" [Australian and New Zealand College of Anaesthetists, FIC IC-13 (2002)].

Exclusions

Unspecified

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative data
Medical record

LEVEL OF DETERMINATION OF QUALITY

Not Individual Case

OUTCOME TYPE

Adverse Outcome

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure**SCORING**

Rate

INTERPRETATION OF SCORE

Better quality is associated with a lower score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

External comparison at a point in time
External comparison of time trends
Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Indicator area 4: post-operative period CI 4.1.

MEASURE COLLECTION

[Australian Council on Healthcare Standards \(ACHS\) Equip Clinical Indicators](#)

MEASURE SET NAME

[Anaesthesia Indicators](#)

DEVELOPER

Australian Council on Healthcare Standards

FUNDING SOURCE(S)

Funding is direct Australian Council on Healthcare Standards (ACHS) funding sourced through our membership. ACHS does not receive external funding from the government or other sources.

COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

Our terms of reference dictate the composition of the working parties that develop our indicators and include the following:

- Two Clinicians -- nominated by the relevant specialty college/association/society, one nominated to be the chair of the working party
- Private Hospital Representative -- nominated by the Australian Private Hospital Association
- Consumer Representative -- nominated by the Consumer Health Forum of Australia
- Coding Representative -- nominated by the National Centre for Clinical classification on Health
- Quality Health New Zealand, nominated by QHNZ (if applicable)
- Epidemiological/Clinical Research Representative, Director of Health Services Research Group, University of Newcastle
- Australian Council on Healthcare Standards (ACHS) Representatives -- Clinical Director, Coordinator, Administrative Assistant
- Other Expert Stakeholders, as required

FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

None

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

1996 Sep

REVISION DATE

2009 Jan

MEASURE STATUS

This is the current release of the measure.

This measure updates a previous version: Australian Council on Healthcare Standards (ACHS). ACHS clinical indicator users' manual 2008. ULTIMO NSW: Australian Council on Healthcare Standards (ACHS); 2007 Dec. 776 p.

SOURCE(S)

Australian Council on Healthcare Standards (ACHS). ACHS clinical indicator users' manual 2009. ULTIMO NSW: Australian Council on Healthcare Standards (ACHS); 2009 Jan. 853 p.

MEASURE AVAILABILITY

The individual measure, "Indicator Area 4: Post-Operative Period CI 4.1," is published in "ACHS Clinical Indicator Users' Manual 2009."

For more information contact, the Australian Council on Healthcare Standards (ACHS), 5 Macarthur Street, ULTIMO NSW 2007; Phone: (02) 9281 9955; Fax: (02) 9211 9633; E-mail: pos@achs.org.au; Web site: www.achs.org.au.

COMPANION DOCUMENTS

The following is available:

- Australian Council on Healthcare Standards (ACHS). Australasian clinical indicator report 2001-2007. Determining the potential to improve quality of care: 9th edition. ULTIMO NSW: Australian Council on Healthcare Standards (ACHS); 2008. 611 p. This document is available in Portable Document Format (PDF) from the [Australian Council on Healthcare Standards \(ACHS\) Web site](http://www.achs.org.au).

NQMC STATUS

This NQMC summary was completed by ECRI Institute on April 4, 2008. This NQMC summary was updated by ECRI Institute on May 20, 2009.

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